



# Arrow PAPER CORPORATION

P.O. Box 1001 | 228 Andover St. | Wilmington, MA 01887  
 P: 978-658-8077 | F: 978-988-9070

## NEW ACCOUNT APPLICATION

ACCOUNT # \_\_\_\_\_ SALES # \_\_\_\_\_

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

Type of Business \_\_\_\_\_ No. of Employees \_\_\_\_\_

Date Business Established \_\_\_\_\_

Amount of Credit Requested \_\_\_\_\_

Please Check One                      Individual                      Corporation                      Partnership

### TRADE REFERENCES

Reference #1                      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Reference #2                      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Reference #3                      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BANK REFERENCES

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

### GENERAL TERMS AND CONDITIONS

1. Applicant's signature attests financial responsibly, ability and willingness to pay our invoices in accordance with the following terms :  
**Net 20 Days**
2. Applicant agrees to pay an collection expenses, including attorney's fees, interest and court costs, which may become necessary to effect collection of this account
3. Packing designs, drawings and samples submitted relative to and in conjunction with all Arrow Paper quotations remain the sole intellectual property of Arrow Paper Corp. The unauthorized use, distribution and/or reproduction are strictly prohibited. All Rights Reserved.
4. The information is given in confidence for the purpose of establishing credit with Arrow Paper Corporation. Authorization is hereby given to make inquiry of all trade and financial sources which are deemed to be necessary by Arrow Paper Corporation to properly evaluate the application.

I have read the terms and conditions stated above and agree to all these terms and conditions.

Authorized signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

### PERSONAL GUARANTEE

Those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by applicant.

Authorized signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_